



Autopay Form

Preauthorized Electronic Assessment Payment Service Agreement and Disclosure Statement

How to Enroll in 3 Easy Steps:

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|--|----------------------------|---|
| 1. Read, complete, and sign this form | DC Ranch Association | Fax: 480.513.1505 |
| 2. Attach a copy of a void check | 20555 N Pima Rd, Suite 140 | |
| 3. Submit via email, fax, or mail to: | Scottsdale, AZ 85255 | Email: Monika.Truax@DCRanchInc.com |

Account Holder Information

First name Last name

Phone number Email

Second account holder - First name Last name

Phone number Email

DC Ranch property address

Preauthorized charges to your account will be processed on the 15th day of the month for your regular assessment . Payments collected will be deposited to the account of DC Ranch Association (Association) with Alliance Association Bank. There may be changes to the assessment amounts and/or due dates in accordance with the Association's governing documents and applicable statutes including notification requirements of the ACH. The Association reserves the right to make changes in the agreement at any time.

I/We hereby authorize the Association to initiate debit entries to my checking/savings account. This authority is granted in accordance with the terms and conditions of the Preauthorized Electronic Assessment Payment Service Agreement and Disclosure Statement receipt of which I hereby acknowledge. This authority is to remain in full force and effect until the Association has received written notification from me/us of its termination in such manner as to afford the Association reasonable opportunity to act on it.

Account Holder Signature (required) Date

Second Account Holder Signature (if applicable) Date